

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 266-2264
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

BARBERING AND COSMETOLOGY EXAMINING BOARD

CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>07 BAC 036</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>071091072 BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name <u>Quick Cuts</u> License # <u>80-34664</u>

7249 W. GREENFIELD Street WEST ALLIS City 53214 Zip
TUESDAY Day of Week 1/30/2007 Date 10:00 am. Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

FAILURE TO PROPERLY CLEAN CONTACT EQUIPMENT, IE. COMBS & BRUSHES, COMBS
& BRUSHES FOUND WITH HAIR STILL IN THEM. BRUSHES & COMBS NOT BEING
CLEANED WITH SOAP & WATER TO REMOVE ALL ORGANIC MATERIAL PRIOR TO
DISINFECTION STEP.

In violation of Section BC 4.02 (3) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Douglas M. Austin Signature of Investigative Staff INVESTIGATOR Title 5/15/07 Date

Signature of ☐ Licensee OR ☐ Establishment Owner Date

Pursuant to Wis. Stat. § 454.15(3), the licensing authority is authorized to impose a forfeiture in lieu of or in addition to other disciplinary action against your license.

PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE AND COSTS IN THE AMOUNT OF \$ 130.00 BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF THIS FORM TO: DEPARTMENT OF REGULATION AND LICENSING, DIVISION OF ENFORCEMENT, 1400 EAST WASHINGTON AVENUE, P.O. BOX 8935, MADISON, WI 53708. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE PLUS COSTS, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

Please reference "NOTICE OF RIGHT TO CONTEST" on backside of pink copy.

Jeannie M. Bush
9-10-07

Wisconsin Department of Regulation & Licensing

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<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>07 BAC 036</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER LS # <u>07091072BAE</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>80-34664</u>

7249 W. GREENFIELD WEST ALLIS 53214
Street City Zip
TUESDAY 1/20/07 10:00 a.m.
Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

FAILURE TO MAINTAIN ~~SEA~~ SANITARY SHAMPOO BOWLS. TWO OUT OF FOUR
SHAMPOO BASINS FOUND WITH HAIR & UNKNOWN WHITE SUBSTANCE IN THEM,
DIRTY DISHES & COFFEE CUPS FOUND IN A SHAMPOO BASIN.

In violation of Section BC 4.01 (5) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Kangler m. Austin INVESTIGATOR 5/15/07
Signature of Investigative Staff Title Date

Signature of ☐ Licensee OR ☐ Establishment Owner Date

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PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE AND COSTS IN THE AMOUNT OF \$ 30.00 BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF THIS FORM TO: DEPARTMENT OF REGULATION AND LICENSING, DIVISION OF ENFORCEMENT, 1400 EAST WASHINGTON AVENUE, P.O. BOX 8935, MADISON, WI 53708. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE PLUS COSTS, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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CITATION FOR ADMINISTRATIVE FORFEITURE

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<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>80-34664</u>

7249 W. GREENFIELD WEST ALLIS 53214
Street City Zip

TUESDAY 1/30/2007 10:00 a.m.
Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

FAILURE TO MAINTAIN PREMISES ^{to} EQUIPMENT IN A CLEAN + SANITARY CONDITION.
EXCESSIVE LOOSE HAIR FOUND IN WORKSTATION DRAWERS WITH "CLEAN" IMPLEMENTS,
"CLEAN" CLIPPER HEADS WITH HAIR ON THEM, OVERALL CLEANLINESS OF
ESTABLISHMENT POOR.

In violation of Section BC 4.01 (1) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code

Douglas M. Martin INVESTIGATOR 5/15/07
Signature of Investigative Staff Title Date

Signature of ☐ Licensee OR ☐ Establishment Owner Date

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PLEASE TAKE NOTICE THAT THE CREDENTIAL HOLDER MAY DEPOSIT A FORFEITURE AND COSTS IN THE AMOUNT OF \$ 130.00 BY MAILING A CHECK OR MONEY ORDER NO LATER THAN TWENTY (20) DAYS FROM THE DATE OF THIS CITATION, TOGETHER WITH THE SIGNED COPY OF THIS FORM TO: DEPARTMENT OF REGULATION AND LICENSING, DIVISION OF ENFORCEMENT, 1400 EAST WASHINGTON AVENUE, P.O. BOX 8935, MADISON, WI 53708. PAYMENT SHALL BE TREATED AS A PLEA OF NO CONTEST TO THE VIOLATION CITED ABOVE AND CONSENT TO AN ORDER OF FORFEITURE PLUS COSTS, NOT TO EXCEED THE AMOUNT OF THE DEPOSIT.

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CITATION FOR ADMINISTRATIVE FORFEITURE

<input checked="" type="checkbox"/> CITATION DOE CASE FILE # <u>07 BAC 036</u>	<input checked="" type="checkbox"/> FINAL DECISION AND ORDER ES # <u>07091092 BAC</u>
<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # <u>80-34664</u>

7249 W. GREENFIELD WEST ALIS 53214
Street City Zip
TUESDAY 1/30/2007 10:00 am
Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

LOOSE HAIR WAS BEING DEPOSITED IN A CONTAINER WITHOUT A
COVER FOR THE CONTAINER. LOOSE HAIR MUST BE STORED IN
A COVERED CONTAINER

In violation of Section BC 3.01 (4) of ☐ Wis. Stats. OR ☒ Wis. Adm. Code
Douglas M. [Signature] INVESTIGATOR 5/15/07
Signature of Investigative Staff Title Date

Signature of ☐ Licensee OR ☐ Establishment Owner Date

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<input type="checkbox"/> Individual Credential Holder Name License # _____	<input checked="" type="checkbox"/> Establishment Name License # _____

7249 W. GREENFIELD WEST ALIS 53214
Street City Zip
TUESDAY 11/30/2007 10:00
Day of Week Date Time

On the above stated time, date and location, an investigation/inspection has disclosed the following violation.

FAILURE TO USE & MAINTAIN APPROVED DISINFECTANT, DISINFECTANT
BEING USED WAS "HYROXIDE", NOT AN APPROVED DISINFECTANT. DISINFECTANT
WAS NOT BEING KEPT IN A COVERED CONTAINER.

In violation of Section BC 4.02 (5) of ☐ Wis. Stats. **OR** ☒ Wis. Adm. Code
Douglas M. Anti INVESTIGATOR 5/15/07
Signature of Investigative Staff Title Date

Signature of ☐ Licensee **OR** ☐ Establishment Owner Date

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